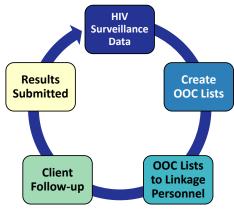
Data to Care (DtC) is a Centers for Disease Control and Prevention (CDC) national strategy to use HIV surveillance data to identify persons living with HIV (PLWH) who are out-of-care (OOC). Once OOC persons are identified, they are contacted to be linked or reengaged back into care. DtC supports the 2020 National HIV/AIDS Strategy goals to reduce new HIV infections and improve access to care and health outcomes. The goals of DtC are to increase the number of PLWH who are engaged in HIV care and virally suppressed (<200 copies/mL).

DATA TO CARE IN VIRGINIA

The Virginia Department of Health (VDH) DtC program began in early 2015. DtC is a joint effort with VDH's HIV Surveillance, Care Services, Prevention, and STD Operations and Data Administration units. The main purpose of DtC is to improve health outcomes of PLWH in Virginia. The DtC initiative in Virginia has expanded statewide.

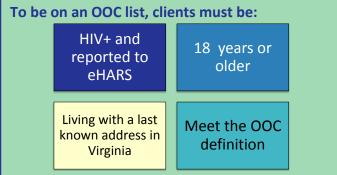
Figure 1: The Data to Care Process



Process

Virginia's DtC program uses HIV Surveillance and other data sources to create lists of people who are OOC (Figure 1). The OOC lists are given to Disease Intervention Specialists (DIS) and linkage staff at VDH's contracted agencies who follow up and try to locate clients or find updated information. Clients are only on a contractor's OOC list if the client has been seen at that agency before.

VDH also staffs a DtC Linkage Coordinator to look for clients who have never been in care or have been in care at agencies VDH does not contract with. Client information and care status are submitted to VDH. DtC results are used to update HIV surveillance data, identify reporting issues, and help improve future OOC lists.



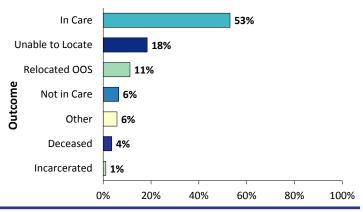
Out of Care Definition: Clients must have a care marker (CD4 or Viral load lab test, HIV medical care visit, or antiretroviral prescription) reported in the reference year, but no care marker in the following calendar year.

For example: the current OOC definition are persons who had a care marker in 2014, but have no evidence of care since.

Results

As of September 2016, 19 contracted agencies have been trained and are working on DtC. There were 235 clients who had DtC results submitted to VDH. Over 58% of clients were found to be in care, 15% were unable to be located, 11% relocated out of state (OOS) and 6% were not in care (Figure 2).

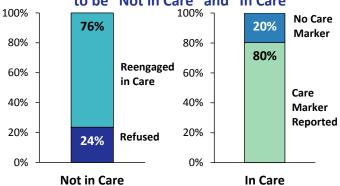
Figure 2: Data to Care Results



Results Continued

Of the 11 clients found "Not in Care," eight (62%) reengaged in care from DtC efforts (Figure 3). A client is considered reengaged when a care marker is reported to HIV surveillance after follow-up. Over 30% of clients found to be "In Care" did not have a care marker reported to HIV surveillance.

Figure 3: Data to Care Results of Persons Found to be "Not in Care" and "In Care"



Data to Care Implications

Results from DtC's first year of implementation show lower numbers of clients that are truly OOC. For clients who were not in care, DtC has been successful in helping them reengage back into HIV medical care. HIV surveillance data is enhanced through DtC outcomes by identifying clients who are no longer living in Virginia or who are deceased. This helps provide more accurate estimations of Virginia's HIV Care Continuum measures.

DtC results can also help identify agencies throughout Virginia that are not reporting their labs correctly. Persons on OOC lists who were found to be in care, but with no care markers reported to HIV surveillance, can show where reporting issues may be occurring. Moving forward, DtC will continue to expand throughout Virginia to help OOC clients get the resources and services that they need to get into HIV care, and stay in care over time to improve overall health and well-being.

REFERENCES

- 1. Data to Care. Accessed at: https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/PublicHealthStrategies/DatatoCare.aspx
- 2. National HIV/AIDS Strategy: Updated to 2020. Accessed at https://www.aids.gov/federal-resources/national-hiv-aids-tsrategy/ nhas-update/index.html